Educational Enterprises ■ Sound Solutions

540 Farview Ave, 3rd Floor, Paramus, NJ 07652 ■ Tel. (201) 343-6000 ex 6511 ■ Fax (201) 291-0492

E-MAIL: lisstew@bergen.org

GRISEL ESPINOSA
Supervisor - Educational Enterprises

LISA STEWART
Supervisor - Sound Solutions

TEACHER OF THE DEAF AND HARD OF HEARING SERVICES
LISTENING AND SPOKEN LANGUAGE SPECIALIST (AVT) – CERTIFIED SPEECH THERAPISTS

☐ **SEPTEMBER 2016 TO JUNE 2017** ☐ **SEPTEMBER 2017 TO JUNE 2018**

PLEASE COMPLETE ELECTRONICALLY OR PRINT LEGIBLY

SERVICE INFORMATION (STUDENT SERVICES)

STUDENT'S NAME: ______ AGE: ______ DOB: ______ GRADE: ______

PARENT'S NAME(S): ______ PHONE: ______ MAY WE CONTACT PARENT(S)? ☐ Y ☐ N

HOME ADDRESS: ______ ZIP: ______

SCHOOL STUDENT ATTENDS: ______ SCHOOL PHONE #: ______

SCHOOL ADDRESS: ______ ZIP: ______

CASE MANAGER NAME(S): ______ E-MAIL: ______ PHONE: ______

DIRECTOR OF SPECIAL SERVICES NAME: ______ E-MAIL: ______

REPORTS WILL BE SENT TO DIRECTOR/ADMINISTRATOR

*****MUST PROVIDE CURRENT AUDIOLOGICAL REPORT*****

THE FOLLOWING IS A REQUEST FOR: (CHECK ONE OR MORE)

TEACHER OF THE DEAF AND HARD OF HEARING

☐ CONSULTATION TO DETERMINE SERVICES (1X - 3 HR. MAX)

☐ IN-SERVICE/WORKSHOP : "EDUCATION FOR STUDENTS WHO ARE DEAF/HARD OF HEARING"
(INCLUDED W/DIRECT SERVICES OF 2x/wk. OR MORE)

DIRECT SERVICES (SESSION = 45 MIN TO 1 HR.) ☐ 1x/wk. ☐ 2x/wk. ☐ 3x/wk. ☐ 4x/wk. ☐ Other** ______

LISTENING AND SPOKEN LANGUAGE (AUDITORY VERBAL TECHNIQUES) – CERTIFIED SPEECH THERAPIST

CONSULTATION: ☐ 1x/yr. ☐ 2x/yr. ☐ 3x/yr. ☐ 4x/yr. ☐ Other** ______

DIRECT SERVICE: ☐ 1 HOUR/WEEK

****Services less than 1 session per week will have 2 hours added to contract for progress reporting**

*****CONTRACT INFORMATION (MUST BE COMPLETED)** *****CONTRACT WILL BE SENT TO (ADMINISTRATOR):**

FULL NAME: ______ TITLE: ______ DISTRICT: ______

ADDRESS: ______ ZIP: ______

COUNTY: ______ PHONE #: ______ FAX #: ______

***AUTHORIZED BY (SIGNATURE): ______ DATE: ______

PLEASE SEND ANY ADDITIONAL INFORMATION ON A SEPARATE PAGE

Request for Services - TOD 2016 - 2018

Office Use Only
Initials: ______ Date: ______ Assigned: ______